Rev. 07/06 City of Milwaukee
Dept of Employee Relations

# **2007 Rate Chart For Active Employees**

This Chart applies to all employees whose positions are represented by any of the following units:

<u>Limited Benefit Employees</u> (LBE) (Part-time employees); <u>Seasonal Laborers</u>;

**GENERAL CITY: (Local 494 Elec Shop; MBCTC)** 

(Seasonal employees are not eligible for City dental coverage)

#### COMPUTATION METHOD OF BASIC PLAN "EMPLOYEE SHARE"

For 2007, the City's contribution "...shall not exceed 50% of the maximum City contribution . The half-time employee shall contribute the balance. Your contribution will be deducted as a payroll deduction from your 2nd paycheck of each month.

#### COMPUTATION METHOD OF HMO PLAN "EMPLOYEE SHARE"

For 2007, the City's contribution "...shall not exceed 50% of the maximum City contribution. The half-time employee shall contribute the balance. Your contribution will be deducted as a payroll deduction from your 2nd paycheck of each month.

## **Chart I - 2007 Monthly Health Plan Rates**

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
HMO Select (Humana)	\$452.37	\$226.19	\$226.18	\$1,235.26	\$617.63	\$617.63
Premier HMO (Humana)	\$844.61	\$226.19	\$618.42	\$2,305.76	\$617.63	\$1,688.13
Basic Plan	\$636.63	\$226.19	\$410.44	\$1,434.77	\$617.63	\$817.14
Basic Plan Tier 1	\$509.31	\$226.19	\$283.12	\$1,360.52	\$617.63	\$742.89

## **Chart II - 2007 Monthly Dental Plan Rates**

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
WPS/Delta Dental	\$26.31	\$6.50	\$19.81	\$90.62	\$18.75	\$71.87
Care-Plus	\$31.41	\$6.50	\$24.91	\$91.49	\$18.75	\$72.74
DentalBlue	\$31.69	\$6.50	\$25.19	\$95.07	\$18.75	\$76.32
First Commonwealth	\$32.82	\$6.50	\$26.32	\$99.03	\$18.75	\$80.28

The "required City contribution" is \$452.37 single and \$1,235.26 family.